

Sealing Smiles Screening Form

School Name _____ Student Name _____ Gender M F

Teacher _____ Grade _____ Homeroom Number _____

<p>Screening & Recommended Treatment</p> <p>Date _____ Examining Dentist _____</p> <p>2 _____ 3 _____ 14 _____ 15 _____ 31 _____ 30 _____ 19 _____ 18 _____</p> <p>Screening codes: S (blue) = existing sealant S (red) = needs sealant R (blue) = existing restoration D (red) = untreated caries P (blue) = partially erupted M (blue) = tooth unerupted/missing</p>	<p>Treatment</p> <p>Date _____ Clinician _____</p> <p>2 <input type="checkbox"/> 3 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 31 <input type="checkbox"/> 30 <input type="checkbox"/> 19 <input type="checkbox"/> 18 <input type="checkbox"/></p> <p>✓ corresponding box of each tooth sealed</p> <p>Total # of teeth sealed _____</p> <p>Brand _____ Opaque <input type="checkbox"/> Clear <input type="checkbox"/></p> <p>Fluoride treatment given _____</p>
<p>Retention Check</p> <p>Date _____ Examining Dentist _____</p> <p>2 <input type="checkbox"/> 3 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 31 <input type="checkbox"/> 30 <input type="checkbox"/> 19 <input type="checkbox"/> 18 <input type="checkbox"/></p> <p>✓ corresponding box of each tooth that needs sealant replaced</p>	<p>Retreatment</p> <p>Date _____ Clinician _____</p> <p>2 <input type="checkbox"/> 3 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 31 <input type="checkbox"/> 30 <input type="checkbox"/> 19 <input type="checkbox"/> 18 <input type="checkbox"/></p> <p>✓ corresponding box of each tooth that had sealant replaced</p> <p>Total # of teeth resealed _____</p>

Check all that apply:

☐ Sealant history ☐ Caries history ☐ Untreated Caries

Check only one:

- ☐ **Urgent** dental care is needed for your child. Please arrange for an appointment with a dentist immediately (Explain: _____).
- ☐ Non-urgent dental care is needed for your child. Please arrange for an appointment with a dentist as soon as possible.
- ☐ There are no visible cavities. Your child still needs a regular dental appointment and x-rays with a dentist every 6 months.